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## **FEC** FORM 3X

## **REPORT OF RECEIPTS AND DISBURSEMENTS**

TOKW OX	or Other Than An Au	thorized Committee	Office Use Only
NAME OF     COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, ty	ype 12FE4M5
NATIONAL TREASUR	Y EMPLOYEES UN	ION ADVOCACY C	COMMITTEE
ADDRESS (number and street)	1750 H ST NW		
▼ Check if different			
than previously reported. (ACC)	WASHINGTON		DC 20006
2. FEC IDENTIFICATION NU	MBER ▼ CI	TY▲	STATE ▲ ZIP CODE ▲
C C00623355		IS THIS REPORT (N)	OR AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:		20 (M5) Aug 20 (M8) Nov 20 (M11 (Non-Election Year Only)  20 (M6) Sep 20 (M9) Dec 20 (M12
(a) Quarterly Reports:	IVIA	ur 20 (M3) Jun 2	Sep 20 (M9)  Dec 20 (M12 (Non-Election Year Only)
April 15		r 20 (M4) Jul 2	0 (M7) Oct 20 (M10) Jan 31 (YE)
Quarterly Report (Q July 15	(c) 12-Day PRE-Election	Primary (12P)	General (12G) Runoff (12R)
Quarterly Report (Q October 15	Report for the:	Convention (12C)	Special (12S)
Quarterly Report (Q	3)	M = M / D	o / Y Y Y Y in the
January 31 Year-End Report (Y	Ē) Electi	on on	State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day  POST-Election  Report for the:	<b>X</b> General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)		on on 11 0	
5. Covering Period 10	20 2016	through	11 28 2016
I certify that I have examined thi	s Report and to the best of	f my knowledge and belie	f it is true, correct and complete.
Type or Print Name of Treasurer	Jansen, Deborah, S., ,		
Signature of Treasurer	n, Deborah, S., ,	[Electronically File	d) Date 12 07 2016
NOTE: Submission of false, errone	ous, or incomplete information	on may subject the person s	signing this Report to the penalties of 52 U.S.C. § 3010
Office			FEC FORM 3X
Use Only			Rev. 05/2016